

PD1000016682

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

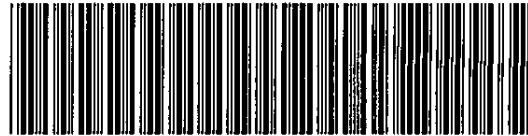
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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12-13-11

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: VMCTOWING Recovery Service, Inc.
Name of Corporation

DOCUMENT NUMBER: PO1000016682

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Duice M Molina
Name of Contact Person

VMCTOWING Recovery
Firm/Company

7801 NW 66 ST
Address

Miami FL 33144
City/State and Zip Code

VMCTOWING RECOVERY INC@YAHOO.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Duice M Molina at (305) 319 0042
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 15, 2011

DULCE M. MOLINA
VMC TOWING RECOVERY SERVICE, INC.
7801 NW 66 ST.
MIAMI, FL 33166

SUBJECT: VMC TOWING RECOVERY SERVICE, INC.
Ref. Number: P01000016682

The fee to file your document is \$35.

If you have any questions concerning this matter, please either respond in writing
or call (850) 245-6905.

Thelma Lewis
Document Specialist Supervisor

Letter Number: 611A00025787

RECEIVED
11 DEC 12 AM 11:39
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 3, 2011

DULCE M. MOLINA
VMC TOWING RECOVERY SERVICE, INC.
7801 NW 66 ST
MIAMI, FL 33166

SUBJECT: VMC TOWING RECOVERY SERVICE, INC.
Ref. Number: P01000016682

We have received your document for VMC TOWING RECOVERY SERVICE, INC. and check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The above entity is a Florida corporation and the document submitted is for a Florida limited liability company. The correct form is enclosed, please list the current address of the registered agent in #6 and the new address in #7.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6905.

Thelma Lewis
Document Specialist Supervisor

Letter Number: 011A00025011

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: VMC TOWING & RECOVERY SERVICE, INC.
2. The principal office address: 7801 NW 66 ST
MIAMI FL 33146
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 02/12/01 Document number: P01000016682
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

12963 W Okeechobee Rd
MIAMI GARDENS FL 33018

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

12401 W Okeechobee Rd 107#95
MIAMI GARDENS FL 33018

P.O. Box NOT acceptable

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

[Signature]
Signature of an officer or director

Dwight A. Robinson
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

[Signature]
Signature of Registered Agent

11/08/11
Date

If signing on behalf of an entity:

Typed or Printed Name

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)